

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031996

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1224

FILED AUG 26 1963

| | | | |
|---|----------------------------------|--|--------------------------------------|
| 1. PLACE OF DEATH a. COUNTY Greene | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield | | c. CITY OR TOWN Springfield | |
| Length of stay in 1b 9 years | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 901 S. Rogers | | d. STREET ADDRESS (If outside, give location) 901 S. Rogers | |
| 3. NAME OF DECEASED (Type or print) First CHARLES Middle G. Last SOYLAND | | 4. DATE OF DEATH Month August Day 22 Year 1963 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 9-11-1889 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RetPurchasing Agent | | 10b. KIND OF BUSINESS OR INDUSTRY Purchasing Agent Chicago, Illinois | |
| 13a. FATHER'S NAME John Soyland | | 13b. MOTHER'S MAIDEN NAME Emma Eckvall | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 17. INFORMANT 901 S. Rogers, Springfield, Missouri Edna F. Soyland, | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Pulmonary Emphysema DUE TO (b) 1 hour DUE TO (c) 10 yrs | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour 6 am Month, Day, Year 8-22-63 | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION Springfield, Missouri | |
| 21. I attended the deceased from 6:00 A. to 8-22-63 and last saw her alive on 8-22-63 Death occurred at 6:00 A. on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE Michael J. Blanks M.D. Degree or title | |
| 22b. ADDRESS 1636 S. Glenstone | | 22c. DATE SIGNED 8-23-63 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 8-24-1963 | |
| 23c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery | | 23d. LOCATION (City, town, or county) (State) Springfield, Missouri | |
| 24. FUNERAL DIRECTOR Ralph Thieme, 1200 Boonville Ave. | | 25. DATE RECD. BY LOCAL REG. 8-26-63 | |
| 26. REGISTRAR'S SIGNATURE Bernice Madley (acting) | | | |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

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8-23-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Richard L. Strauss

Licensed Embalmer No.

5164

P. O. Address

Appt. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.